

**U.S. DEPARTMENT OF COMMERCE
BOULDER LABORATORIES
LOST IDENTIFICATION BADGE MEMO**

NAME: _____ MAIL CODE: _____

SSN: _____ ROOM/PHONE: _____

DATE OF BADGE LOSS (ESTIMATED): _____

EXPLANATION:

SUPERVISOR APPROVAL AND ACKNOWLEDGMENT:

Name/Title:	Signature:	Date:
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SIGNATURE: _____

This signature certifies that the above named Federal employee/Affiliate understands that if the lost badge is found, it must be returned to the Mountain Region Security Office immediately. Federal employee/Affiliate agrees to keep his/her PIN number/ID confidential.